

# APPLICATION FOR ADMINISTRATIVE SUBDIVISION

CITY OF ARLINGTON

204 Shamrock Drive

Arlington, MN 55320

PHONE: 507-964-2378

FAX: 507-964-5973

Fee \$ \_\_\_\_\_

Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

I/We, the undersigned, hereby make the following application to the Zoning Official of the City of Arlington, Minnesota for a simple lot split or combination. Applicant's have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements.

**1. Property Address and Identification Number:** \_\_\_\_\_  
\_\_\_\_\_

**2. Legal description of land affected by the application, including acreage or square footage of land involved and street address, if any:** \_\_\_\_\_  
\_\_\_\_\_

**3. Present zoning of above described property:** \_\_\_\_\_

**4. Name, address and phone number of present owner of above described land:** \_\_\_\_\_  
\_\_\_\_\_

**5. Persons, firms, corporations, etc. other than applicant and present owner who may or will be interested in above described land or proposed improvements within one year of permit issuance:**  
\_\_\_\_\_  
\_\_\_\_\_

**6. Describe request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Attach a property survey illustrating the proposed lot split or lot combination.**

By signing this application form, I agree that all fees and expenses incurred by the City for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied.

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Owner Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

| FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL                                |                     |        |                      |
|--|---------------------|--------|----------------------|
| Date Submitted _____   | Date Complete _____ |        |                      |
| Zoning Administrator Action (Circle One):                                    | Approval            | Denial | Date of Action _____ |
| Date Applicant/Property Owner notified of Zoning Administrator Action: _____ |                     |        |                      |
| <b>Date recorded with the Sibley County Recorder:</b>                        |                     |        |                      |